

Provider Inspection Summary
For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: HARBOR HOUSE (0009258)
Address: 505 WEST LAWN DR, COTTAGE GROVE, WI 53527
License Status: REGULAR
Licensed/Certified/Registered 10/01/2001
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0096882 **End Date:** 04/19/2006 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008371 Served 05/10/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|--------------------------------|--------------------------------|------------------|
| 83.11(3)(h) | NOT PERMIT A CONDITION OF RISK | | |
| 83.15(1)(a) | STAFFING PATTERNS | | |
| 83.15(1)(c)1 | ADEQUATE STAFFING | | |
| 83.21(4)(p) | PROMPT AND ADEQUATE TREATMENT | | |
| 83.21(4)(w) | SAFE ENVIRONMENT | | |

Survey ID: 0096808 **End Date:** 04/06/2006 **Type:** STANDARD **Purpose:** COMPLAINT/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008363 Served 05/01/2006

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|-------------------------------|--------------------------------|------------------|
| 83.12(5)(a) | SUPERVISION AND MONITORING | | |
| 83.21(4)(n)4 | FREE FROM PHYSICAL RESTRAINTS | | |
| 83.33(4)(a) | PERSONAL CARE | | |

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0094968 End Date: 05/18/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008229 Served 06/07/2005

| <u>Deficiencies Cited</u> | <u>Subject Area</u> | <u>Compliance Verified</u> | <u>Corrected</u> |
|---------------------------|---------------------------------|--------------------------------|------------------|
| 83.42(3)(f) | SLEEPING HOURS EVACUATION DRILL | 03/14/2006 | Yes |

Survey ID: 0090486 End Date: 06/13/2003 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Enforcement History

Date: 05/09/2006 SOD #10008371 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
FORFEITURE---83.11(3)(h)
FORFEITURE---83.15(1)(a)
FORFEITURE---83.15(1)(c)1
FORFEITURE---83.21(4)(p)
FORFEITURE---83.21(4)(w)

Date: 04/28/2006 SOD #10008363 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.12(5)(b)1
FORFEITURE---83.33(4)(a)

Date: 06/06/2005 SOD #10008229 Appealed: No

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

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Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 04/04/2006

Date Investigation Completed: 04/19/2006

Subject Area(s)
MEDICATIONS
ADMINISTRATION
STAFF ADEQUACY

| <u>Result</u> | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED | |
| SUBSTANTIATED | 10008371 |
| SUBSTANTIATED | 10008371 |

Date Complaint Received: 03/29/2006

Date Investigation Completed: 04/19/2006

Subject Area(s)
ABUSE
ADMINISTRATION
STAFF TRAINING AND PROFICIENCY

| <u>Result</u> | <u>SOD #</u> |
|-------------------|--------------|
| NOT SUBSTANTIATED | |
| SUBSTANTIATED | 10008371 |
| SUBSTANTIATED | 10008371 |

Date Complaint Received: 02/01/2006

Date Investigation Completed: 04/06/2006

Subject Area(s)
ADMINISTRATION

| <u>Result</u> | <u>SOD #</u> |
|---------------|--------------|
| SUBSTANTIATED | 10008363 |

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